MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12811

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park — LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7702 Colesville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park.
STREET ADDRESS (If rural, give location) 7702 Colesville Road.

3. NAME OF DECEASED (Type or Print): (First) Belle (Middle) (Last) Abramo

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-31-1869

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Horton Jenvey

14. MOTHER'S MAIDEN NAME: Anna Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Son - 6303 Trueting St. Bowyn Hts.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral compression

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Intracranial hemorrhage

(c) Cerebral vascular accident — Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis & hypertension

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. — Cheverly Md — 11-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov 20, 1952 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) (State) Lanham Md

DATE REC'D BY LOCAL REG. Nov 18, 1952 | REGISTRAR'S SIGNATURE James Reavy

24. FUNERAL DIRECTOR F. Gesche & Son | ADDRESS Hyattsville Md.

RECEIVED
NOV 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12812

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (in this place): 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) J. (Last) Andrews

4. DATE OF DEATH: (Month) Nov (Day) 1 (Year) 1952

5. SEX: Female — **6. COLOR OR RACE:** White — **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widow — **8. DATE OF BIRTH:** Sept 4 1872 — **9. AGE last birthday:** 80 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — **10b. KIND OF BUSINESS OR INDUSTRY:** — **11. BIRTHPLACE** (State or foreign country): Delaware — **12. CITIZEN OF WHAT COUNTRY?** U. S. a.

13. FATHER'S NAME: Gibson Dunham — **14. MOTHER'S MAIDEN NAME:** Jane Mary Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — **16. SOCIAL SECURITY NO.:** none — **17. INFORMANT & ADDRESS:** Frances Hall Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Thrombosis	1 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO	(b) Hypertension Diabetes	10 yr
DUE TO	(c) Chron. Myocarditis	10 yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 5, 19 4, to 11 1, 19 5 2, that I last saw the deceased alive on Oct 31, 19 5 2 and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE: B. P. Mann — (DEGREE OR TITLE) MD — ADDRESS: Laurel Md — DATE SIGNED: 11/1/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov 6 1952 — NAME OF CEMETERY OR CREMATORY: Epithany Cemetery — LOCATION (City, town, or county) (State): Forest Ville Md

DATE REC'D BY LOCAL REG.: Nov 4-1952 — REGISTRAR'S SIGNATURE: M. Duckett — 24. FUNERAL DIRECTOR — ADDRESS: Ridgley Selby 401 Washington Laurel Md

RECEIVED
NOV 6
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1281
3479

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (In this place) Trans
HOSPITAL OR INSTITUTION OR STREET ADDRESS Naval Hydrographic Office

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1728 You Street N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Askew

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 12, 98

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamine Askew

14. MOTHER'S MAIDEN NAME: Hannah Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Mrs Emma A. Herron, Washington, D.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James D. Bond (Degree or title) M. D. ADDRESS: Forestville, Md. DATE SIGNED: 11/29/52

23. BURIAL, CREMATION: Removal | DATE THEREOF: 11/28/52 | NAME OF CEMETERY OR CREMATORY: The Sure Lineal Co | LOCATION (City, town, or county) Washington (State) D.C.

DATE RECD BY LOCAL REG. Nov 28 1952 | REGISTRAR'S SIGNATURE: Amanda Downey Carrie Campbell | 24. FUNERAL DIRECTOR: J. Gesheisers Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Piscataway

Mrs Alton Davis

RECEIVED
DEC 4 1952
BUREAU V. S.
COPY SENT TO LOCAL REGISTRAR No.____DATE____

ITEMS 8,9: film G149 12-4-52 LL

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12814

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince George's — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Rainier — LENGTH OF STAY (In this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Rainier
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3310-Perry St.	STREET ADDRESS (If rural, give location): 3310 Perry St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Sherman Alfred Bailey	Nov. 16 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	4-12-99	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter & Painter	Building	Missouri	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert James Bailey	Zella Cracraft.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Peace time 1921-23		Fred P. Bailey - 624 - 9th St. S.W. Wash D C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

543X

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute toxic gastritis

(c) ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam.	Chevely Md.	Nov. 16. 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-17-52		Roanoke, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-17-52	Amanda Downey	T. W. Chambers Co.	Riverdale Md.

11-18-52 James Devey

VS-415A

RECEIVED
NOV 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12815

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town) OR TOWN Glen Mawr
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 - Winthrop Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Mawr
STREET ADDRESS (If rural, give location) 208 Winthrop Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nella	Belle	Beck	11	17	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	3/16/87	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Nebraska	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George P. Barton	Emily Huber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		Floyd W Beck same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Congestive heart failure	
4442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Westhall Road	11/14/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	Nov 17-52	Cedar Hill	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 14-52	Howard J Beall	Simmons Bros	2017 - Nichols ave S.E.

VS. A15A

COPY SENT TO LOCAL REGISTRAR No. _____ DATE _____

RECEIVED
NOV 18 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY PRINCE Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELTSville | LENGTH OF STAY (in this place) 4 Mo-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist of Col COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASH DC
STREET ADDRESS (If rural, give location) KENESAW APT ✓

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) FRANCES (Last) BICKFORD
4. DATE OF DEAT (Month) NOV (Day) 16 (Year) 1952
5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE | 8. DATE OF BIRTH NOV. 29 1875 | 9. AGE Last birthday 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED: CLERK | 10b. KIND OF BUSINESS OR INDUSTRY DEPT LABOR | 11. BIRTHPLACE (State or foreign country) D.C. | 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME FREDERICK T. BICKFORD | 14. MOTHER'S MAIDEN NAME CORNELIA E. BROWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS RALPH F. BARTLEY. SILVER SPRING, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL THROMBOSIS — 2-4 MOS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CEREBRAL ARTERIOSCLEROSIS — —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

32 I X

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1952, to NOV, 1952, that I last saw the deceased alive on 16 NOV, 1952, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. Etienne MD College Park, Md 11-16-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 11/19/52 | NAME OF CEMETERY OR CREMATORY ROCK CREEK | LOCATION (City, town, or county) WASHINGTON (State) D. C.

DATE REC'D BY LOCAL REG. ~~Sept. 17~~ 1952 | REGISTRAR'S SIGNATURE Mrs. Jas - Severe Deputy | 24. FUNERAL DIRECTOR Thos. W. Hume Co ADDRESS Washington D.C.

Nov. Mrs. John D. Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 9yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3033 P. St. N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Florence (Last) Boiseau

4. DATE OF DEATH: (Month) November (Day) 18, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 25, 1856

9. AGE last birthday: 96 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: James T. Boiseau

14. MOTHER'S MAIDEN NAME: Deborah Meade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Sacred Heart Home records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized Arteriosclerosis — 15 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 19 41, to Nov. 18, 19 52, that I last saw the deceased alive on Nov 17, 19 52, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James F. Ryan MD 222 4th St SE

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11/20/52 — NAME OF CEMETERY OR CREMATORY: Congressional Cem — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. Nov 19 1952 — REGISTRAR'S SIGNATURE: James Neary

24. FUNERAL DIRECTOR: James F. Ryan Inc. — ADDRESS: 317 Pa. Ave. S.E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Pr. Geo — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Upper Marlboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Bernard EX (Middle) D. (Last) Boswell

4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Unknown

9. AGE last birthday: Approx. 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Boswell

14. MOTHER'S MAIDEN NAME: Mary Elizebeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mary Acton (daughtr) 800 Portland St., S.E., Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
450.0 Immediate cause	(a)	Congestive Heart Failure	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerosis	10 yrs
	DUE TO (c)	Auricular Fibrillation	5 yrs
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		Nephritis	3 yrs

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION:** —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to Nov 27, 1952, that I last saw the deceased alive on Nov 27, 1952, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James G. Hanson M.D. Upper Marlboro, Md. 11-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF** 12/1/52 — **NAME OF CEMETERY OR CREMATORY** Mt. Carmel Cemetery — **LOCATION** (City, town, or county) Upper Marlboro (State) Md.

DATE REC'D BY LOCAL REG. Nov 30 1952 — REGISTRAR'S SIGNATURE John T. Lawson

24. FUNERAL DIRECTOR Ritchie Bros. — ADDRESS Upper Marlboro, Md.

DEC 2 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 3110 Taylor St.

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) H. (Last) Boswell

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: April 13, 1875

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): U.S.A. (Va)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert W. Boswell

14. MOTHER'S MAIDEN NAME: Henrietta Hodgson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records Cheverly Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Tamponade	3 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Rupture of Myocardium	3 Hours
	DUE TO (c) Myocardial Infarction	36 Hours

460.1 / 260.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 1 Year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 25, 1952, to Nov 25, 1952, that I last saw the deceased alive on Nov 25, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Samuel J. McLogan MD 4300 Raywood Drive Mt Rainier Md 11/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Nov 28, 1952 — NAME OF CEMETERY OR CREMATORY Columbia Gardens Cemetery — LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. 11/28/52 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Gasch's Sons — ADDRESS Hyattsville Maryland.

1 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 S-51

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (rural)
LENGTH OF STAY (in this place): 5 yrs., 8 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1157 1st St., N. W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Letitia (Middle) (Last) BRAWNER

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1952

5. SEX: female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2/23/06

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Clinton, N. Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Faison

14. MOTHER'S MAIDEN NAME: Mary Bese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service): —

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 9 yrs, 10 mos

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last: (b)

DUE TO

(c)

C021

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25-47 19....., to 11-25-52 19....., that I last saw the deceased alive on 11-25-52, 19....., and that death occurred at 5:50 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (DEGREE OR TITLE) M. D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md. DATE SIGNED: 11/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 26, 1952 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. 4611 Benning Rd. N.E. — LOCATION (City, town, or county) (State): 29-H St. N.W. Wash. D.C.

DATE REC'D BY LOCAL REG. 11/25/52

REGISTRAR'S SIGNATURE: Mol Wern

24. FUNERAL DIRECTOR: Carver Memorial Funeral Home — ADDRESS

DEC 4
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glendale Md
LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: --

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glendale Md
STREET ADDRESS (If rural give location): --

3. NAME OF DECEASED: (First) Milton (Middle) (Last) Brickerd
4. DATE OF DEATH: (Month) 11 (Day) 6 (Year) 19 52

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct 25, 1869
9. AGE Last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Government Printing Office
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Isral Brickerd
14. MOTHER'S MAIDEN NAME: Sydney Silverman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.):
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mary E. Brickerd Glendale Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
Immediate cause (a) Gastric Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Sclerosis
DUE TO
(c)

Interval Between Onset And Death: Immediate

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1948, to 10-25-, 1952, that I last saw the deceased alive on 10-25-, 1952 and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert Reith M.D. ADDRESS Riverdale DATE SIGNED 11-7-52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov 10, 1952
NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State): Colmar Manor Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-8-52
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: F Kesselman Hyattsville, Md.
ADDRESS

11-12-52 Agnes M. Yingling

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-7-45 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Riverdale
LENGTH OF STAY (in this place) 123 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4218 Jefferson St.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Upshur (Last) Briscoe

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: Oct. 23 1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Geo R. Dennis

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Hosp. records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Congestive Heart Failure	4 Mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerotic Heart Dis.	6 Mo.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..... to Nov 1, 19 52 that I last saw the deceased alive on Nov 1, 19 52 and that death occurred at ~~2:00~~ 12 noon m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
L W Mahn MD Riverdale Md 11-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11/4/52
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. Nov. 4 1952
REGISTRAR'S SIGNATURE Mrs. Jas. Devere Roberts
24. FUNERAL DIRECTOR ADDRESS E Bischoff & Sons Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Riverdale, Md.
LENGTH OF STAY (in this place) 358 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cyrene Leland Memorial Hospital Riverdale, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 628 Ray Drive.

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Marabel (Last) Bradbury

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 4, 1865

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethel Maine

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Pierce Craig

14. MOTHER'S MAIDEN NAME: ? ? Twitzhell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
9048 Immediate cause	(a) Heart failure - probably coronary	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease -	10. 15yrs
	DUE TO (c) Fractured rt hip (femur)	11-2-51

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Marked Osteoarthritis

19a. DATE OF OPERATION: 11-20-52

19b. MAJOR FINDINGS OF OPERATION: Hip nailing

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-7, 1952, to 11-12, 1952, that I last saw the deceased alive on 11-11, 1952, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE Lowland J. Wilkinson (DEGREE OR TITLE) M.D. ADDRESS Riverdale, Md DATE SIGNED 11-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 11-15-52 — NAME OF CEMETERY OR CREMATORY Rock Creek — LOCATION (City, town, or county) Wash. D.C (State)

DATE REC'D BY LOCAL REG. Nov 12, 1952 — REGISTRAR'S SIGNATURE Mrs. Jas. Revere Deputy Registrar

24. FUNERAL DIRECTOR S.H. Hines Co — ADDRESS 2401-14th N.W Wash. D.C.

8-51

RECEIVED
NOV 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4700 - 30th St N E

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier Md.
STREET ADDRESS (If rural give location) 4700 - 30th st. N E.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Rowland (Last) Brown
4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 19 52

5. SEX: M
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jne 6 1867
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: Methodist
11. BIRTHPLACE (State or foreign country): Columbus O.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George R. Brown
14. MOTHER'S MAIDEN NAME: Edith Hightower Armacost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: Edith Armacost Daughter 4700 30th N E

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Arteriosclerosis, Generalized
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoporosis, senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ..., 19 48, to Nov 21, 19 52, that I last saw the deceased alive on Nov 21 19 52, and that death occurred at 9:30 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dorothy Groesgreen M. D. 2503 Queens Chapel Rd Mt Rainier Md 11-21-52

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation
DATE THEREOF 11/21/52
NAME OF CEMETERY OR CREMATORY High Point
LOCATION (City, town, or county) (State) High Point N.C.

DATE REC'D BY LOCAL REGISTRAR Nov 24, 1952
REGISTRAR'S SIGNATURE James Severs
24. FUNERAL DIRECTOR S. H. Hines Co.
ADDRESS 2901-14th St N.W.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Brentwood
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4512-38th " Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural give location) 4512-38th " Street

3. NAME OF DECEASED: (First) Harry (Middle) E. (Last) Brown

4. DATE OF DEATH: (Month) NOV (Day) 4 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: 12/25/81 | 9. AGE last birthday: 70 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): Salesman, retired
10b. KIND OF BUSINESS OR INDUSTRY: Automobile parts
11. BIRTHPLACE (State or foreign country): Pittsburgh, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James B. Brown
14. MOTHER'S MAIDEN NAME: Emma J. Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-09-8052
17. INFORMANT & ADDRESS: Marie Jordan 4512-38th " St. Brentwood, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200 Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 36 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Heart Disease — 2 years

DUE TO

(c) Congestive Heart Failure — 18 months

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ,1931 , to Nov. , 1952, that I last saw the deceased alive on Nov 3 , 1952 , and that death occurred at 1:30 AM , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Benjamin S. Miller M.D. Mt. Rainier Nov 4 1952

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | 11/6/52 | Mt. Royal Cemetery | Pittsburgh, Pa.

DATE REC'D BY LOCAL REGISTRAR Nov 5 1952 | REGISTRAR'S SIGNATURE James Devers | 24. FUNERAL DIRECTOR ADDRESS Kalley's Funeral Home, Inc. 3200 R.I. Ave. Mt. Rainier, Md.

VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (D)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
LENGTH OF STAY (in this place): 43 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4705 Oliver Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale Md
STREET ADDRESS (If rural give location): 4705 Oliver Street,.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Frank Harry Bushby

4. DATE OF DEATH: (Month) Nov (Day) 14, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 9, 1873

9. AGE Last birthday: 79 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired Post Office Dept.

10b. KIND OF BUSINESS OR INDUSTRY: U S Government

11. BIRTHPLACE (State or foreign country): Washington D C

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Bushby

14. MOTHER'S MAIDEN NAME: Lucinda C. ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Lena L Bushby . Riverdale Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ... DUE TO: Myocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Cardiovascular renal disease

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15, 1943, to 11/14, 1952, that I last saw the deceased alive on 11/14, 1952, and that death occurred at 4:10 AM, from the causes and on the date stated above.

SIGNATURE: Earl W Grant (Degree or title) M.D ADDRESS: 3400 24th St NE DATE SIGNED: 11-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov 17, 1952
NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery
LOCATION (City, town, or county) (State): Washington D C

DATE REC'D BY LOCAL REGISTRAR: Nov 16 1952
REGISTRAR'S SIGNATURE: James Seay
24. FUNERAL DIRECTOR: E. Gaschen & Son
ADDRESS: Hyattsville Md.

VS. A15

RECEIVED
NOV 18 1952
BUREAU V.

Item 8 Film 148 12/1/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY PRINCE GEORGE — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3408 42nd Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor; STREET ADDRESS (If rural, give location) 3408 - 42nd Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
IDA	IRENE	BUTT	Nov	15	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	31 Oct 1879	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Montgomery County Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANKLIN RICKETTS	ALICE ? RICKETTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	None	DAUGHTER. - IDA REESE, BRISTOL VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia fr.	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Cervix fr.	5 yr.
	(c) Carcinoma of cervix	5 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1947	Carcinoma of cervix.	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 7, 1952, to Dec 15, 1952, that I last saw the deceased alive on Dec 7, 1952, and that death occurred at 3:45 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John Kober	M.D	3404 Cheverly Ave. Cheverly, Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/18/52	Potomac Meth. Ch.	Potomac, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/24/52	Amanda Downey	Roberts & Dunphrey	Bethesda, Md.

RECEIVED
NOV 26 1952
BUREAU V. S.

Item 13 FilmG148 11/25/52 wh.w

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (in this place) 11-12/11-17
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. (D.C.) COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. W. Wash.
STREET ADDRESS (If rural, give location) 5022 Rockcreek Rd.

3. NAME OF DECEASED: (Type or Print) (First) Blanch (Middle) V. (Last) Campbell

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 12-7-12

9. AGE last birthday: 39 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Reginald Cross

14. MOTHER'S MAIDEN NAME: Emma [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

17 ox

Immediate cause (a) Carcinoma of liver with ascites — Interval Between Onset and Death: 6 wks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized carcinomatosis — 6 wks.

DUE TO

(c) Carcinoma, left breast — 4½ yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12, 1952 to 11/17, 1952, that I last saw the deceased alive on 11/17, 1952, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Julius Kaufman, M.D. 5102 Annapolis Rd. Bladensburg Md. 11/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 11/20/1952

NAME OF CEMETERY OR CREMATORY Queensbury Manor

LOCATION (City, town, or county) (State) Westminster Md.

DATE REC'D BY LOCAL REG. 11-18-1952

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Robert A. Simpkins — ADDRESS Forest Glen Md.

12894

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp; MARYLAND; LENGTH OF STAY (In this place) D.O.A.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park; STREET ADDRESS (If rural, give location) 95-27-48 th Place.

3. NAME OF DECEASED (Type or Print): (First) Russell (Middle) Elsannon (Last) Clark

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-12-23

9. AGE last birthday: 29 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Heating

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rufus Clark

14. MOTHER'S MAIDEN NAME: Ruth Dempsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 227-18-1735

17. INFORMANT AND ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar Pneumonia

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Rheumatic heart disease - Adhesive Pericarditis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep Med Exam Cheverly, Md 11-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Nov. 29 1952; NAME OF CEMETERY OR CREMATORY: Washington National; LOCATION (City, town, or county) (State): Suitland, Md

DATE REC'D BY LOCAL REG.: Nov 28 1952; REGISTRAR'S SIGNATURE: James Devers

24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers Co., 1400 Chapin St, N.W. Wash D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly.
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (First) John. (Middle) (Last) Combs

4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10-11-87.

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) right watchman

10b. KIND OF BUSINESS OR INDUSTRY: Foundry

11. BIRTHPLACE (State or foreign country): alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Combs

14. MOTHER'S MAIDEN NAME: Rebecca scoggins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Shirley alford, anniston, alabama

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1-13X

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 24 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive C.V. Disease — Interval Between Onset and Death: Unk

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14, 19 52, to Nov 15, 19 52, that I last saw the deceased alive on Nov 15, 19 52, and that death occurred at 3:57 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

R M Carver M.D. Upper Marlboro Md 11-15-52

23. BURIAL, CREMATION REMOVAL (Specify): transportation

DATE THEREOF 11/16/52

NAME OF CEMETERY OR CREMATORY attalla

LOCATION (City, town, or county) (State) alabama

DATE REC'D BY LOCAL REG. 11-16-52

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Fowler sons ADDRESS Hyattsville Md

RECEIVED
NOV 18 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY Prince George County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
LENGTH OF STAY (in this place) 26 yeARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 3721 36th ST.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Jacob	Corbe	Nov.	3	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	White	MARRIED	JAN 24, 1869	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED - Barber	Retired	Ohio	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Corbe	Bridget Clohesy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	wife MRS ANNA Corbe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia RML, RLL	3 weeks
491 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized Arteriosclerosis	10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/17, 1952, to 11/3, 1952; that I last saw the deceased alive on 11/3, 1952, and that death occurred at 5:20P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Norman Dent Chenau	M.D.	3303 Perry St Mt Rainier Md	11/3/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 6 1952	Mt Olivet Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 13 1952	James Devers		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 1 yr. 9 mos. 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3339 Quesada St. N.W.

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) (Last) COYNE
4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-20-1869
9. AGE last birthday: 83 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Michael Murphy
14. MOTHER'S MAIDEN NAME: Abigail Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. George P. Kreger 3339 Quesada St. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Chronic Myocarditis	Several Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic Endocarditis	" "
(c)	Cerebral & General Arteriosclerosis	" "

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-23-, 1951 to 11-14, 1952, that I last saw the deceased alive on 11-14, 1952, and that death occurred at 10:40 P. m., from the causes and on the date stated above.

SIGNATURE: James P. Sauls (Degree or title) M.D. ADDRESS: Laurel Sanitarium, Laurel, Md. DATE SIGNED: 11-14-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11 17 52
NAME OF CEMETERY OR CREMATORY: Cathedral Cem
LOCATION (City, town, or county) (State): Wilmington, Del.

DATE REC'D BY LOCAL REG.: Nov 18-52
REGISTRAR'S SIGNATURE: M. Brashears
24. FUNERAL DIRECTOR: James T. Ryan, Inc. ADDRESS: 317 Pa. Ave. S.E.

Wash. 3, D.C.

VS. 415 (T)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3914 Webster St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural give location) 3914 Webster St.

3. NAME OF DECEASED: (Type or Print) (First) Willie (Middle) Archie (Last) DeNeal

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/22/18?4

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): VA.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Sidney James.

14. MOTHER'S MAIDEN NAME: Leanna Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Sadie Lee Washington - 3914 Webster St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio Vascular Disease

DUE TO

(c)

Interval Between Onset And Death: 15 Hours.

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Oct, 1952, that I last saw the deceased alive on Oct 30, 1952, and that death occurred at 8:45 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Blackenau MD — ADDRESS 547 Florida Ave. N.W. — DATE SIGNED 11/9/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 13, 1952 — NAME OF CEMETERY OR CREMATORY Suitland Memorial Park — LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REGISTRAR Nov 4 1952 — REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR — ADDRESS

NOV 12 1957
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Priest Bridge | LENGTH OF STAY (In this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301 - ½ mi. S. Rt 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 179 W Weaver ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Warren	Lee	Dixon	11	21	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
male	Colored	Single	Oct 24 1932	20 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumber Mill	Mill	Erica Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur Dixon	Jane Ann Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	?	Arthur Dixon - Erica, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed skull

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rt 301	(CITY OR TOWN) Priest Bridge	(COUNTY) P.G.	(STATE) Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
11	21	52	6:20 PM			Passenger Pontiac struck a Cadillac

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M.D.	Forestville Md	11/25/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	28 Nov 1952	Weldon Funeral Home	Oldhams, Va.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Miranda Howard	J. Barsis Sons	Hyattsville, Md.

Dec. 2, 1952 Agnes M. Gingling

VS-A16A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AID 8-51

1. PLACE OF DEATH:
COUNTY Bowie Md, MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) | LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Bowie

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Florence Luckett	Nov 6, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	wht		June 19, 1885	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
private chauffeur	—	Bowie Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Hall	—

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—		Wm Luckett Bowie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac dilatation	1 hr
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Cardiovascular Dis	10 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 10/4/1952, to 11/6, 1952, that I last saw the deceased alive on 11/6, 1952 and that death occurred at 1.45 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
B L Warren	MD	Laurel Md	11/6/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/10/52	Oddfellows	Bowie Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-6-52	Amanda Downey	Stewart	30 H St NE Washington

11-12-52 Agnes M. Geiglein

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince - George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo - Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) Box 275

3. NAME OF DECEASED: (First) James (Middle) (Last) Duckett

4. DATE OF DEATH: (Month) Nov - (Day) 15 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	Colored	married	6-12-1913	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
General	farm work	Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Duckett	Florence Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		John Duckett (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
441 Immediate cause	(a) Congestive Heart Failure	2 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Malignant Hypertension	Unk
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Urinary retention

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED: While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Nov 13, 1952, to Nov 15, 1952, that I last saw the deceased alive on Nov 14, 1952, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
R M Spencer	MD	Upper Marlboro, Md	15 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Nov 18/52	Hencorn	Boyd,	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 17, 1952	Amanda Downey	J. B. Johnson	Upper Marlboro

NOV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LANHAM
LENGTH OF STAY (in this place) 3 M/O
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverdale Rd-Route #1-Box 425

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE NEW HAMPSHIRE COUNTY MERRIMAC
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WEST FRANKLIN
STREET ADDRESS (If rural give location) SALISBURY ROAD

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) CLARENCE (Last) EASTMAN

4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: 11/15/1858

9. AGE last birthday: 94 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY: SELF-EMPLOYED

11. BIRTHPLACE (State or foreign country): WARREN, N. H.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BENJAMIN FRANKLIN EASTMAN

14. MOTHER'S MAIDEN NAME: LYDIA UPTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT: ELVA E. MARTIN - RIVERDALE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — DISEASE

		Interval Between Onset and Death
Immediate cause	(a) CHRONIC CARDIOVASCULAR RENAL	? Years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ADVANCED ARTERIOSCLEROSIS.	? Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/12, 1951, to 11/25, 1952, that I last saw the deceased alive on 10/13, 1952, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis Mendel M.D. College Park Md 11/25/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE Nov. 29/52 | NAME OF CEMETERY OR CREMATORY Unknown | LOCATION (City, town, or county) (State) WARREN, NEW HAMPSHIRE

DATE REC'D BY LOCAL REG. Nov. 26, 1952 | REGISTRAR'S SIGNATURE James Tilley

24. FUNERAL DIRECTOR ADDRESS W. W. CHAMBERS Co - RIVERDALE, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 28
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 11-8 / 11-20
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Hts.
STREET ADDRESS (If rural give location) 8303 Pontiac St.

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) (Last) Eisner

4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 3-18-82

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: clothes Retired - designer

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marie Eisner

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:. 6303 Pontiac St
Dr. William Eisner - Berwyn Hgts, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: instant

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — 1 year

DUE TO (c) Carcinoma Rectum — 1 month

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1952, to Nov 20, 1952, that I last saw the deceased alive on Nov 20, 1952, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

I. I. Kaplan M.D. 1411 E. 2 Pl. N.W. Wash D.C. 11/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/23/52 — NAME OF CEMETERY OR CREMATORY Lighthouse Circle Cem. — LOCATION (City, town, or county) (State) New York, N.Y.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS B. Danzansky & Son - 3501-14th St. NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
NOV 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hall — LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Central Avenue and Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hall
STREET ADDRESS (If rural, give location) Central Avenue and Route 301

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Dodson (Last) [redacted] Gardner

4. DATE OF DEATH: (Month) November (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Married

8. DATE OF BIRTH: 12-20-1900 (Corrected)

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Henry Dodson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Edward M. Gray, same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c) Bronchopneumonia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. V. Bozy (Degree or title) M.D. ADDRESS Forestville Md. DATE SIGNED 11/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 26-52 — NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery — LOCATION (City, town, or county) Mitchellville — (State) Md.

DATE REC'D BY LOCAL REG. 25 November 1952 — REGISTRAR'S SIGNATURE Agnes M. Yingling

24. FUNERAL DIRECTOR Thos. E. Hickman Funeral Home — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the values of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md.
STREET ADDRESS (If rural, give location) 5715 Chillum Hgts.

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) I (Last) Gitomer

4. DATE OF DEATH: (Month) 11 (Day) 2 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: 9-7-23

9. AGE last birthday: 29 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N. J.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob J. Gitomer

14. MOTHER'S MAIDEN NAME: Late Jennie Dgechatski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Apt. 104, Hyattsville
Jacob J. Gitomer- 5715 Chillum Hts. Drive (Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

430.0
Immediate cause (a) Primary Bacterial Endocarditis — 4 mo
DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1st, 19 52, to Nov 2, 19 52, that I last saw the deceased alive on Nov 1, 19 52, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Col. [illegible] MC USA 3[illegible] [illegible] Walter Reed Col. Hospital 11/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11/3/52

NAME OF CEMETERY OR CREMATORY Har Zion Cong.

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 11/3/52

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Sol Levinson & Bros. ADDRESS 1124-26 W. North Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1284

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits) write RURAL OR TOWN and give nearest town: Cheverly
LENGTH OF STAY (In this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits) write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location): 4302 Russell Ave.

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) (Last) Young

4. DATE OF DEATH: (Month) 11 (Day) 2 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	W	11-5-73	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
H. W.		N. H.	

13. FATHER'S NAME: Charles Whitcomb

14. MOTHER'S MAIDEN NAME: Jennie Drury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	Gladys Young. 4302 Russell Ave Mt Rainier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Congestive Heart Failure. Multiple pulmonary infarcts	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Mural Thrombi (Rt. & Lt. ventricles.)	
	DUE TO (c) Right coronary Thrombosis. Arteriosclerotic Ht. Disease.	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Nov, 1952, that I last saw the deceased alive on Nov 1, 1952, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Benjamin S. Miller M.D. Mt Rainier Nov 2 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-4-52	New Hampshire	New Hampshire

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 3/52	Amanda Downey	W. W. Chambers Co.	14th Chapin St. N.W.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 23 DC; LENGTH OF STAY (in this place) 11 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4815 S. Iverhill Rd S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 23 DC; STREET ADDRESS (If rural, give location) 4815 S. Iverhill Rd S.E.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Emma (Last) Gray

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1952

5. SEX: Fem

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 15 1862

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Prince Georges Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm George Anderson

14. MOTHER'S MAIDEN NAME: Julia Elizabeth Vermillion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. J. K. Creecy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset and Death: 18 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis. — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) National Cancer (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1952, to Nov 6, 1952, that I last saw the deceased alive on Nov 6, 1952, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE Saul C Van Hatten (Degree or title) M.D. ADDRESS 5405 Iverhill Road Washington 28 DC. DATE SIGNED Nov 6 1952

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 11/8/1952 — NAME OF CEMETERY OR CREMATORY Epiphany — LOCATION (City, town, or county) (State) Hyattsville Md

DATE REC'D BY LOCAL REG. NOV. 7-1952 — REGISTRAR'S SIGNATURE Edna F. Gillis — 24. FUNERAL DIRECTOR John A Mattingly — ADDRESS 131-11th St SE Wash 3, D.C.

VS. A15

Item 18 Film G149 12-17-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 244

1. PLACE OF DEATH:
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Wash 25, D. C.
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annex "A" USAF Hosp(BAFB) Andrews AFB, Wash 25, DC

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Andrews Air Force Base, Md.
STREET ADDRESS (If rural give location) Wash 25, D. C.

3. NAME OF DECEASED: (Type or Print) (First) Bruce (Middle) Wayne (Last) Hanscom

4. DATE OF DEATH: (Month) Nov (Day) 23 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: 5 May 1952

9. AGE last birthday: 6 Months

IF UNDER 1 YEAR: Months 6 Days 18 | IF UNDER 24 HRS.: Hours | Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda Naval Hosp, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kenneth A. Hanscom

14. MOTHER'S MAIDEN NAME: Theresa J. Bantot

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Kenneth A. Hanscom Andrews AFB

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia DUE TO Subdural hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Meningitis, type undetermined DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema Congential blindness

19a. DATE OF OPERATION: 24 Nov 52

19b. MAJOR FINDINGS OF OPERATION Subdural Hemorrhage Pulmonary edema

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home in trailor (CITY OR TOWN) Andrews AFB, (COUNTY) Wash 25, D. C. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 23 52 1610 m.

INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR? Fell off couch at home

22. I hereby certify that I attended the deceased from 23 Nov, 19 52, to 23 Nov, 19 52 that I last saw the deceased alive on 23 Nov, 19 52 and that death occurred at 1630, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifton R. Hunt M.D. 100th Med Sqd Andrews AFB Wash D.C.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Kittery Point, Me.

DATE REC'D BY LOCAL REGISTRAR 24 Nov 52

REGISTRAR'S SIGNATURE Alma L Hall

24. FUNERAL DIRECTOR ADDRESS Chambers Funeral Home 517 11th St., S. E. Wash, D. C.

295-2033-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

COPY SENT TO LOCAL

RECEIVED
NOV 28 1962
BUREAU V. S.

DATE n/a

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 317 2 th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware — COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilmington
STREET ADDRESS (If rural, give location): 521 W 34th Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Aloysius (Last) Harkins

4. DATE OF DEATH: (Month) Nov (Day) 24, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 21, 1882

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gateman

10b. KIND OF BUSINESS OR INDUSTRY: Horse Racing track

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Andrew J. Harkins

14. MOTHER'S MAIDEN NAME: Mary T Monoghan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

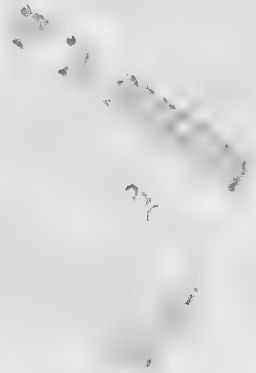
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med Exam. Cheverly Md. 11-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: Nov 25, 1952 — NAME OF CEMETERY OR CREMATORY: Wilmington — LOCATION (City, town, or county) (State): Delaware

DATE REC'D BY LOCAL REG. Nov 28-52 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR ADDRESS: F. Gasch's Sons Hyattsville Maryland.



Item 3 Film G151 3/10/53 mhw

3402

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2031

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Md
LENGTH OF STAY in this place 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Defence Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum Hts Md
STREET ADDRESS 5801 (If rural, give location) 15th Place

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) LOUISE (Last) HARTMANN

4. DATE OF DEATH: (Month) Nov (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2/22/1892

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Juergens

14. MOTHER'S MAIDEN NAME: Elizabeth Schlay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Gertrude Burkhardt Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Occlusion of Coronary artery.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart disease.

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 31, 1952 to Nov. 8, 1952, that I last saw the deceased alive on Nov. 8, 1952, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Siegfried Speyer, M.D. ADDRESS 900 - 17th St. N.W. DATE SIGNED 11/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF: 11/14/52

NAME OF CEMETERY OR CREMATORY: Ft Lincoln

LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: 11/14/52

REGISTRAR'S SIGNATURE: Amanda Downes

24. FUNERAL DIRECTOR: J. Rauch sons ADDRESS Hyattsville Md

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A1B 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Maryland
(If rural, give location)
ADDRESS 4003 Oliver Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) Hauver

4. DATE OF DEATH: (Month) Nov. (Day) 7, (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 7/18/1871

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Grocery salesman

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles E Hauver

14. MOTHER'S MAIDEN NAME: Martha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Clifford C Hauver Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cerebral Thrombosis	3 wks.
	(c) DUE TO	

332 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6, 1952, to 11/7, 1952, that I last saw the deceased alive on 11/7, 1952, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick E. Brunner, M.D. 7409 Varnum St. 11/8/52

23. BURIAL, CREMATION REMOVAL (Specify): transportation

DATE THEREOF 11/9/52

NAME OF CEMETERY OR CREMATORY Elmira

LOCATION (City, town, or county) (State) New York

DATE REC'D BY LOCAL REG. 11-8-52

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR L Gisele & sons ADDRESS Hyattsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place): 1 yr., 5 mo., & 20 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 300 Rhode Island Ave., N. E. ✓

3. NAME OF DECEASED: (First) LELIA (Middle) (Last) HENSON

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 20, 1897

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months -, Days - IF UNDER 24 HRS.: Hours -, Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Rhoadsburg Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Black

14. MOTHER'S MAIDEN NAME: Mannie Beasley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
002X Immediate cause	(a)	Acute Cor Pulmonale	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Pulmonary Tuberculosis Far Advanced	5 years
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4, 1951, to 11/24, 1952, that I last saw the deceased alive on 11/24, 1952, and that death occurred at 9:20 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Daniel Leo Pincone M. D. Glenn Dale Sanatorium, Glenn Dale, Maryland 11/24/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial

DATE THEREOF 11/28/52

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

LOCATION (City, town, or county) (State) Prince Georges County Md.

DATE REC'D BY LOCAL REG. 11/24/52

REGISTRAR'S SIGNATURE Mol Weiss

24. FUNERAL DIRECTOR Jos. Sawles Sons Inc

ADDRESS 1756 Penna. Ave. nw

DEC 4 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-1

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill | LENGTH OF STAY (In this place) 2 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4221 Silver Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural, give location) 4221 Silver Hill Rd.

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) John (Last) Herath
4. DATE OF DEATH: (Month) Nov. (Day) 22nd (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan. 12/1907	45				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY: Roofing & Cornice Work
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Konrad Herath
14. MOTHER'S MAIDEN NAME: Margaret Wissheith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-05-1237
17. INFORMANT AND ADDRESS: Hedwig Herath - 4221 Silver Hill Rd Silver Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 7 hours
420.1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary insufficiency — 6 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22, 1952 to 11-22, 1952 that I last saw the deceased alive on 11-22, 1952, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Carroll S. Gordon, M.D. 5731 23rd Pl. Brent, S.E. 11-22 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 25/1952	Wash. Natl. Cem.	Suitland Rd - Pr. Geo. Md

DATE REC'D BY LOCAL REG. Nov. 24, 1952 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
W. W. Chambers Co - 517-11th St. SE. Wash. D.C.

Coroner Dr. Borgel was not notified.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 20 D. 4 H.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellaville
STREET ADDRESS (If rural, give location) 11160 - Wash. Balt. Blvd.

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) Cecil (Last) Hicks
4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-28-09
9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Food
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: 113-10-2042
17. INFORMANT AND ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

442 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. - Dep. Med. Exam. Cheverly - Md - Nov. 24, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11/26/52
NAME OF CEMETERY OR CREMATORY: George Washington Mem. Park
LOCATION (City, town, or county) (State): Riggs Rd. Cheverly Md. Prince Georges Co.

DATE REC'D BY LOCAL REG. Nov 25 / 52
REGISTRAR'S SIGNATURE: Amanda Mooney
24. FUNERAL DIRECTOR ADDRESS: Kelley's Funeral Home, Inc. 3200 - R. I. Ave. Mt Rainier Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 1½ mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4722 Branchville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Meryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 4722 Branchville Road

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Theodore (Last) Higdon

4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 7-25-34

9. AGE last birthday: 18 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Engineering

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ambrose Higdon

14. MOTHER'S MAIDEN NAME: Rose Quade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No. 579-48-0687

17. INFORMANT AND ADDRESS Riverdale, Md. Mita Higdon, 4670 Woodberry Road.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Ventricular fibrillation

(c) Rupture of heart.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy -

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒; thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Deputy Medical Examiner, Hyattsville, Md. 11-4-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. November 1952 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

Item 1d-21 Film G149 1-5-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 73 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 910 Nichols Drive

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) Frederica (Last) Holcomb

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	White	Widowed	11/17/1862	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
house wife	Home	Lockport, N.Y	U.S.A

13. FATHER'S NAME: Fred Adelberg

14. MOTHER'S MAIDEN NAME: Lucy Remington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		Mrs. Geneviere L. Hobbs 910 Nichols Dr Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
904.0 Immediate cause	(a) Malnutrition, bronchopneumonia + heart failure	1 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) generalized arteriosclerosis	Several years
	DUE TO (c) Fractured femur	9-18-52

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
	Fractured & interlochanteric of femur	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Home			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
9-16-52 M.		Fall.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
R.W. Wilkinson MD	14404 Queensbury Road Riverdale Md	

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/29/52	Union Cemetery	Bustonville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 29-52 Dec 2 52	James Devey	De Witt Donaldson	Laurel, Maryland

VS-715 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 3 1952
BUREAU V. S.

Items 8,9 FilmG150 2/2/53 whw

3479

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vista — LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) William (Last) Hutton

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1952

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH 17 Dec 1937 or 14

9. AGE Last Birthday 78 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ernest Eugene Hutton

14. MOTHER'S MAIDEN NAME Marie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Father - Same -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street | (CITY OR TOWN) Vista | (COUNTY) P. Geo | (STATE) Md.

TIME OF INJURY (Month) 11 (Day) 27 (Year) 52 (Hour) 7:25 p m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Struck by hit and run automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Cheverly, Md. 11-27-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF 28 Nov. 1952 | NAME OF CEMETERY OR CREMATORY Forest Memorial | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. Nov 28 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR R. N. Harlow Co. ADDRESS 1322 U St. N.W., Washington, D.C.

Dec. 1, 1952 Agnes M. Yingling

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (in this place) 20 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) 4213 - 71st Ave

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Theresa (Last) Knott

4. DATE OF DEATH: (Month) Nov (Day) 4 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	(Unknown) 1876	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Francis E. Knott, Sr. 4213 - 71st Ave Landover Hills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
332X
Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/50, to 11/4/52, that I last saw the deceased alive on 11/3/52, and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick L. Mumm MD 7409 Varnum St. 11/4/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11/6/1952
NAME OF CEMETERY OR CREMATORY Glenwood Cem.
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 11-4-52
REGISTRAR'S SIGNATURE Amanda Dauney
24. FUNERAL DIRECTOR ADDRESS W. W. Chambers Co — Riverdale Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Hgts
MARYLAND
LENGTH OF STAY (in this place) 71 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Hgts
STREET ADDRESS (If rural, give location) 3305 Rhode Island Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mamie		Knott	Jan	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		Jan 14 1879	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Va	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Hawes	Sarah Ashley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Margaret Hinshaw Bradbury Hgts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	8 Yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Complete Auriculo Ventricular Block.	4 Yrs.
420.0	(c) Essential Hypertension	12 Yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Congestive Heart Failure Lu. to 1-22.	3 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-22, 1952, to 11-21, 1952, that I last saw the deceased alive on 11-30, 1952, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Colonna	M.D.	3801 Suitland Rd S.E. Wash 20 D.C.	11/01/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Nov 4/1952	Lexington Park	Suitland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 12. 52	Edna F. Collins	Robert Wheatley	Wash D.C.

131-11-26-53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cap. Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 730 57th Ave - Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 730 57th Ave.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) M. (Last) Knudsen
4. DATE OF DEATH (Month) (Day) (Year): 11 - 21 1952

5. SEX: Female FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 1884
9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman Radtke
14. MOTHER'S MAIDEN NAME: Wilhemina Zinke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Fritz W. Knudsen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — 1 yr.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis — 4 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1952, to Nov. 21, 1952, that I last saw the deceased alive on Nov. 21, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/25/52
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: Nov. 22-1952
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR / ADDRESS: Wm. Lee's Sons Co. 300 - 4th St. N.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAKELAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5118 NAVAHOE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY PR Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5118 - NAVAHOE; STREET ADDRESS (If rural, give location) LAKELAND

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) LANCASTER

4. DATE OF DEATH: (Month) NOV (Day) 5 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: March 28

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Agricultural farm

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Lancaster

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive Heart Failure — 2 dys

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio-Vascular Dis. ?

(c) Hypertension

4427X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 1952 to Nov 1952, that I last saw the deceased alive on Nov 3 1952, and that death occurred at 4 20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS College Park Md DATE SIGNED 11-5-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/8/52 — NAME OF CEMETERY OR CREMATORY Lincoln Memorial — LOCATION (City, town or county) Suitland, Md (State)

DATE REC'D BY LOCAL REG. Nov 12-1952 — REGISTRAR'S SIGNATURE Grace D Smith — FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville, Md

Item 18 Film G149 12-5-82 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 238

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS./ATSA

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenbelt; MARYLAND; LENGTH OF STAY (In this place) 5 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 E. Crescent Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenbelt
STREET ADDRESS (If rural, give location) 14 E. Crescent Road

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Jordan (Last) Simon

4. DATE OF DEATH: (Month) 11- (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-16-06

9. AGE last birthday: 46 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY: Paint Salesman

11. BIRTHPLACE (State or foreign country): Kingston, N. Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ernest J. Simon

14. MOTHER'S MAIDEN NAME: Nancy Winchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife. Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cerebral edema

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia

due to: the synergistic action of barbiturates and alcohol.

(c) Middle lobe pneumonia, right, this time

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Portal cirhosis - diabetes

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Mahoney, M.D. Dep. Med. Exam. Glenarly Md. 11-20-52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF 21 Nov 1952 | NAME OF CEMETERY OR CREMATORY Ivy Crematory | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 11-21-52 | REGISTRAR'S SIGNATURE John J. Smith | 24. FUNERAL DIRECTOR Wm. Lee, Washington D.C. | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-8-51

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Riverdale
LENGTH OF STAY (In this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hospital Riverdale, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Rt 1 Box 300

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Helen (Last) MACKEBEE-Macabee

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: MAY-22-1897

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hospital chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Sarcoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10/52, 19....., to 11/12/52, 19....., that I last saw the deceased alive on 11/12/52, 19....., and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Robert D. McCarney, M.D. 402 Main St Laurel Md 11/12/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: NOV 15 1952

NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM

LOCATION (City, town, or county) (State): 4430 BELAIR RD MD.

DATE REC'D BY LOCAL REG. 11/14/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Dippel Bro 1800 E LOMBARD ST

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6703 Open Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Washington
STREET ADDRESS (If rural, give location) 6703 Eager Rd. S.E.

3. NAME OF DECEASED (Type or Print): (First) Duffie (Middle) Marie (Last) McDowell

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-15-52

9. AGE last birthday: yrs. — If under 1 year: Months 7 Days 28 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Walter Reed Hosp Wash. DC

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George M. MacDonell

14. MOTHER'S MAIDEN NAME: Clara Marie "Sunday" MacDonell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Internal Hydrocephalus — Interval Between Onset and Death: 24 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

7528 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1952, to 11/12, 1952, that I last saw the deceased alive on 11/12, 1952, and that death occurred at 12 05 ☐ m., from the causes and on the date stated above.

SIGNATURE: Thomas A. Christensen — (Degree or title) MD — ADDRESS: College Park Md — DATE SIGNED: 11/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 11-12-52 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: Nov 12 1952 — REGISTRAR'S SIGNATURE: Mrs. Jas Bevard Deputy Registrar — 24. FUNERAL DIRECTOR: J. P. Sues Inc. — ADDRESS: 2847 Wilson Blvd. Arlington, Va.

9V-3299V444

RECEIVED
NOV 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 221

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Philadel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 755 North 37th Street

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) McKnight
4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~Single~~
8. DATE OF BIRTH: 8/8/30
9. AGE last birthday: 22 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Eddie McKnight
14. MOTHER'S MAIDEN NAME: Carrie Gathers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: John McKnight 813 Lombard St. Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8249

Immediate cause (a) Crushed liver; laceration of the inferior vena cava

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage and shock

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rt. 301 | (CITY OR TOWN) Mitbbellville | (COUNTY) P. G. | (STATE) Md.

TIME OF INJURY (Month) 11 (Day) 9 (Year) 52 (Hour) 5:38PM | INJURY OCCURRED While at Work [ ] Not while at work [X] | HOW DID INJURY OCCUR? Occupant of a car that was in a collission

22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [X] Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ] suicide [X], homicide [ ], undetermined [ ].*

SIGNATURE | (Degree or title) M. D. | ADDRESS Forestville, Md. | DATE SIGNED 11/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF Nov 12, 1952 | NAME OF CEMETERY OR CREMATORY Piscataway Memorial Park | LOCATION (City, town, or county) Washington | (State) D.C.

DATE REC'D BY LOCAL REG. 11-14-52 | REGISTRAR'S SIGNATURE Amanda Stowell | 24. FUNERAL DIRECTOR Disselhorst Hyattsville Md | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

VS. A15-7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville / 1856 | LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2403-Queen Chapel Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmondale
STREET ADDRESS (If rural, give location) 2403 - Queen Chapel Rd

3. NAME OF DECEASED (Type or Print): (First) LILLIAN (Middle) KATHERINE (Last) MILLER
4. DATE OF DEATH (Month) (Day) (Year): NOV. - 13th, 1952
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: MAR-10-1881
9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lilli. E Diggs
14. MOTHER'S MAIDEN NAME: Ella Humphrey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: William T. Miller JR. Son 6813-Dartmouth Ave. College Pk. MD.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Broncho Pneumonia	2-Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	7 Yrs 6 mos
	(c) Diabetes Mellitus	7 Yrs 6 mos
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	NONE	

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): NONE (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from May 15, 1945, to NOV. 13, 1952, that I last saw the deceased alive on NOV. 13th, 1952, and that death occurred at 10:14 P. m., from the causes and on the date stated above.
SIGNATURE (Degree or title): Stephen A. McCarthy M.D. ADDRESS: 1127-East Cap. St. D.C.-3. DATE SIGNED: 11/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/17/52 | NAME OF CEMETERY OR CREMATORY: Edgewood | LOCATION (City, town, or county) Wilmington (State) Del.
DATE REC'D BY LOCAL REG.: NOV 15, 1952 | REGISTRAR'S SIGNATURE: James Devey | 24. FUNERAL DIRECTOR: H. H. Bramble & Son ADDRESS: 527-11th St. SE Wash D.C.

RECEIVED
NOV 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenbelt
STREET ADDRESS (If rural, give location) 99 Ridge Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Francis	Stuart	Morris	11-17-52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Male	White	Single	12-22-17	35 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	U.S. Air Force	Washington D.C	U.S. 9.

13. FATHER'S NAME: Austin Thomas Morris
14. MOTHER'S MAIDEN NAME: Margaret Mary Owens -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Joseph A. Morris Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral compression
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Subarachnoid hemorrhage
(c) Ruptured aneurism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D. Dep. Med. Exam	Cheverly, Md.	11-17-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 20, 1952	Arlington Cemetery	Arlington Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 18 1952	Amanda Scrivener	Frascella and Hyattsville Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the figures of death clearly and legibly.

U.S. ARMY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5301 Riverdale Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5301 Riverdale Road

3. NAME OF DECEASED (Type or Print) (First) LILLIAN (Middle) MARTHA (Last) NORRIS

4. DATE OF DEATH (Month) November (Day) 9th, (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec. 31st 1887

9. AGE last birthday 64 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George W. Wolf

14. MOTHER'S MAIDEN NAME Amanda Eckenrode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT Edwin C. Norris, 5301 Riverdale Rd. Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
1411X Immediate cause	(a) Invasion, Dyspnea of Neoplasm	2 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Neoplasm c Metastasis, Tongue, Mandible, pharynx	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952, to Nov., 1952, that I last saw the deceased alive on Nov 9th, 1952, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gordon W. Kelley, M.D. 6124-41st Ave. Hyatts., Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 13, 1952

NAME OF CEMETERY OR CREMATORY Corpus Christy Cem.

LOCATION (City, town, or county) (State) Chambersburg, Penna.

DATE REC'D BY LOCAL REG. Nov. 10 1952

REGISTRAR'S SIGNATURE Mrs Jas. Devore Deputy Registrar

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Company, Riverdale, Md.

RECEIVED
NOV 12 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr. Warren's Office

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkoake
STREET ADDRESS (If rural, give location) Centennial Lane

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Norbert	Francis	O'Donnell	11-	26	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	12-3-1906	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Construction	Howard County, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Leo O'Donnell	Martha Denmead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	218-07-0340	Father - Clarksville

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Laceration of spinal cord	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture dislocation of 7th Cervical Vert.	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Construction job	Laurel	Prince Georges	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
11-26-52 p.m.		Fell to ground from form on which he was working.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D. Dep. Med. Exam.	Upper Marlboro - Md.	11-26-52

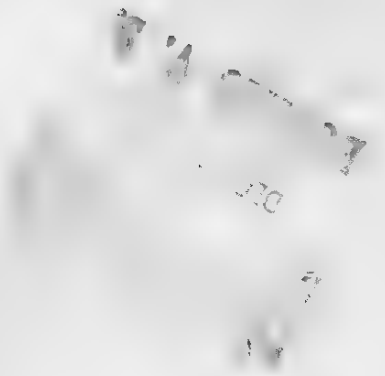
23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	12-1-52	CEDAR HILL	WASHINGTON	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/27/52	John B. Longhead Pro. B. E. & D.	F.C. HIGINBOTHOM, ELLICOTT CITY	Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4626 KNOX RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
STREET ADDRESS (If rural give location): 4626 Knox Road

3. NAME OF DECEASED (Type or Print): (First) GRACE (Middle) L. (Last) OSBORN

4. DATE OF DEATH: (Month) Nov. (Day) 17, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 10/6/1883

9. AGE Last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Exec. Sec. W.Y.C.A.

11. BIRTHPLACE (State or foreign country): Wales, New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rev. Albert Osborn

14. MOTHER'S MAIDEN NAME: Phoebe Jane Rosekrans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Mrs. Olive O. Farmer, 7508 Rhode Island Ave., College Pk, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X

Immediate cause — (a) Generalized Carcinomatosis — Interval Between Onset And Death: 1-2 Mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Carcinoma Uterus

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 15, 1952 — **19b. MAJOR FINDINGS OF OPERATION** See #18 above

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Nov, 1952, to 17 Nov, 1952, that I last saw the deceased alive on 11 Nov, 1952, and that death occurred at 2:00 AM, from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Elaine M.D. — ADDRESS: College Park Md — DATE SIGNED: 11-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: 11/19/52 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory — LOCATION (City, town, or county) (State): Prince Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 17 1952 — REGISTRAR'S SIGNATURE: Mrs. Jas Severe Deputy Local — **24. FUNERAL DIRECTOR** ADDRESS: The S. H. Nixon Co. 2901 - 14th St N.W. Wash. D.C.

VS A16

NOV 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Road

2. USUAL RESIDENCE (HOME) OF DECEASED: [redacted] Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Hanover Road

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) H (Last) Robey
4. DATE OF DEATH: (Month) November (Day) 29 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	white	married	July 19 1878	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith	U.S. Government Farm	Maryland	USA

13. FATHER'S NAME: Berry Robey
14. MOTHER'S MAIDEN NAME: Marian Washington Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	220-10-5489	Mrs. Marion R. Harding, Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Brain Hemorrhage	20 mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12/51, 19 51, to 11/29, 19 52, that I last saw the deceased alive on Nov 11/29/52, and that death occurred at 1pm m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		314 Conifer Ave Laurel	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 2 1952	Union Cemetery	Burtonsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 2 - 1952	M. Bastress	Wells & Donaldson	Laurel, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSA A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) R.F.D. #1 - Box #123

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Rovelstad

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 16, 1952.

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 4 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Rovelstad

14. MOTHER'S MAIDEN NAME: Betsey Rich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Hospital Record Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intracranial Hemorrhage (Subdural & Epidural Brain) — DUE TO — Interval Between Onset and Death: Instan.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 11/16, 19 52, and that death occurred at 1 50 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Thomas A. Pierce Jr. MD College Park Md 11/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF 11/21/52 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 11-20-52 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Gracia Sons — ADDRESS Hyattsville Md

20X2362426

RECEIVED
NOV 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly, Md. — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Maryland
STREET ADDRESS (If rural, give location) R 7 D #1 - Box - 123

3. NAME OF DECEASED: (Type or Print) (First) Betsey (Middle) (Last) Rosel stad

4. DATE OF DEATH: (Month) Nov. (Day) 18, (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan. 1, 1916

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian

10b. KIND OF BUSINESS OR INDUSTRY: Library of Congress

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Rail

14. MOTHER'S MAIDEN NAME: Dorothy ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

642.5

Immediate cause (a) DUE TO: Acute Hemorrhagic Nephritis — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO: Toxemia of Pregnancy — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1952, to Nov. 18, 1952, that I last saw the deceased alive on 11/18, 1952, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Francis Loane M.D. — 11/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF 11/21/52 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. 11-20-52 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS

J. Gracie Sons Hyattsville Md

RECEIVED
NOV 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-45

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale Md — LENGTH OF STAY (in this place) 47 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Dickerson (Last) Rogs

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept 18. 1865

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Navy yard

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Carolyn Myers Glendale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Gastric Hemorrhage — Interval Between Onset and Death: 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach — Clinically 8 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility. Arteriosclerosis, generalized

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25, 1952, to 11/6, 1952; that I last saw the deceased alive on 11/6, 1952, and that death occurred at 9:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H James Kurt M.D. R.F.D. Bowie Md. 11/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF: 11/10/52

NAME OF CEMETERY OR CREMATORY: Ft Lincoln

LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: 11-8-52

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: E Gaudi Sons Hyattsville ADDRESS: Md

11-12-52 Agnes M. Yingling

NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: PRINCE GEORGES. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHEVERLY, MD
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: PRINCE GEORGES GEN. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND COUNTY: PR. GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHEVERLY
STREET ADDRESS (If rural, give location): 3006 - 63rd AVE

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) ANNE (Last) RUSHER

4. DATE OF DEATH: (Month) NOV. (Day) 13, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 12/26/1869

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): FRANCE

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: GEORGE ACHENER

14. MOTHER'S MAIDEN NAME: LOUISE WEISS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS. LILA M. RUSHER - 3006 - 63rd AVE. CHEVERLY, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Hart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

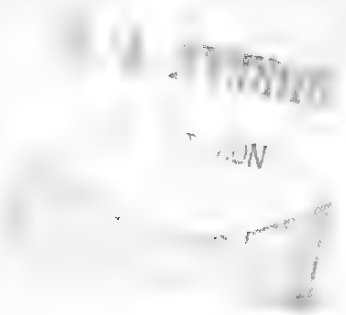
22. I hereby certify that I attended the deceased from 10-4-52, 19..., to 11-12..., 19..52 that I last saw the deceased alive on 11-11..., 19..52 and that death occurred at 12:15 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: H. Hallerel DATE SIGNED: 11-14-52

23. BURIAL, CREMATION / REMOVAL (Specify): CREMATION | DATE THEREOF: 11/15/1952 | NAME OF CEMETERY OR CREMATORY: CEDAR HILL CREMATORY | LOCATION (City, town, or county): SUITLAND PR. GEO (State): MD

DATE REC'D BY LOCAL REG.: 11-14-52 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: W.W. CHAMBERS CO. — ADDRESS: RIVERDALE, MD

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1C071

Reg. Dist. No. 242

1. PLACE OF DEATH:
County Pr. Georges Co.
City or town Seat Pleasant Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 Years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr Geos. Co.
City or town Seat Pleasant Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7003 F St
(If rural, give LOCATION)
2.(a) If veteran, name war None.

3.(a) FULL NAME George Joseph Sampson

3.(b) Social Security Number None.

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Louisa Rose Sampson
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): April 1st 1880
8. AGE: Years 72 Months Days If less than one day ..... hrs. ..... min.
9. Birthplace Washington D.C. (Town, county, and state)
10. Usual occupation Retired Packer
11. Industry or business China Packing Dept Store
12. Name of father: John Sampson
13. Birthplace
14. Maiden name of mother: Virginia Medor
15. Birthplace: Washington D.C.
16. Informant: Mr. George H. Sampson
Address 7003 F St Seat Pleasant Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 17/52 (month) (day) (year)
Cemetery or crematory Prospect Hill
Location Washington D.C.
18. Funeral director W.W. Chambers Co.
Address 577 - 11 St SE.
19. Nov. 16 1952 (Date rec'd by registrar) Carrie F. Canfield Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 1952 at 10:10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1st 1948 to Nov 14 1952 and that I last saw h.i.m. alive on Nov 14 1952

	Interval between onset and death
Immediate cause of death: Congestive Heart Failure	1 Week
Due to: Arteriosclerotic heart disease	4 Yrs
Due to: Generalized arteriosclerosis 4210	4 Yrs
Other conditions: Bronchial Asthma	30 Yrs
Chronic Bronchiectasis	4 Yrs

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE W Suit Ritchie MD M. D. or other
Address 7005 Ritchie Road SE Washington 27 D.C. Date signed 11/14/52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
NOV. 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:
County: PRINCE GEORGE COUNTY
City or town: KENTVILLAGE-BLADENSBERG
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
7572 HAWTHORNE ST.
How long in hospital or institution? 3 WKS: DISCHARGED DAY OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MD County: P. G.
City or town: KENT VILLAGE BLADENSBERG
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7572 HAWTHORNE.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: SCOTT-ROBERT LEAMON Scott

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	W

6.(b) Name of husband or wife: KATHERINE FULLER (deceased) 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 22 JUNE-1875.

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
77	4	19		

9. Birthplace: LOUDEN CO. VA. (Town, county, and state) Penna

10. Usual occupation: FIREMAN-USN HOSP. WASH D.C.

11. Industry or business: GOVT

FATHER
12. Name: ROBT SCOTT
13. Birthplace: Va.

MOTHER
14. Maiden name: ELMA DAVSON
15. Birthplace: VA.

16. Informant: MRS- ELIZABETH H. ROBERT (DAUGHTER)
Address: 1700 W. VA AVE WASH. D.C. (NS)

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: MT OLIVET 11-14-52
Location: Washington D.C.

18. Funeral director: [illegible]
Address: 5406 Ga. Ave N.W.

19. Nov 12 1952 Amanda Dorsey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11 Nov 1952, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17 Oct 1952, to 11 Nov 1952, and that I last saw h. alive on 11 Nov 1952.

	DURATION
Immediate cause of death: Cerebro Vascular Accident	2 hrs.
Due to: Hypertensive cardio vascular disease	Unknown
Due to:	
Other conditions: Prev. CVA - 17 Oct 1952 443X	3 Weeks

(Include pregnancy within 3 months of death)

Major findings of operations: None — Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: None Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: John Kehoe M.D. or other
Address: 3404 CHEVERLY AVE. CHEVERLY MD Date signed 11 Nov 1952

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place): 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2827-63rd Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
STREET ADDRESS (If rural, give location): 2827-63rd Ave

3. NAME OF DECEASED (Type or Print): (First) Florina (Middle) (Last) Shoemaker

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-17-93

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph W. Bruiter

14. MOTHER'S MAIDEN NAME: Kate M. Schlorb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: William V. Shoemaker Son 7111-31st St. SE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation

9767 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hanging

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN) (COUNTY) (STATE): Cheverly Pr. Geo - Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 6. 1952 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Hanged self from grid support in home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): John D. Mahoney M.D. — ADDRESS: Dep. Med. Exam. Cheverly Md — DATE SIGNED: 11-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-10-52 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: 11-9-52 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 7-12

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A104

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro — LENGTH OF STAY (In this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Route #4

3. NAME OF DECEASED (Type or Print): (First) Eggie (Middle) (Last) Simms

4. DATE OF DEATH: (Month) 11 (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH

9. AGE Last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Percy Simms

14. MOTHER'S MAIDEN NAME: Agnes Belt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Edith Simms Upper Marlboro Rt. # 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gun shot wound of chest	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Place of Work — (CITY OR TOWN) Upper Marlboro — (COUNTY) PG — (STATE) Md

TIME OF INJURY (Month) 11 (Day) 2 (Year) 52 (Hour) 3:30 P.M.
INJURY OCCURRED Whilst at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot during an altercation

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: James J. Boyd (Degree or title) M.D. ADDRESS: Forestville Md. DATE SIGNED: 11/3/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF: Nov. 7 1952 — NAME OF CEMETERY OR CREMATORY: Mt Carmel — LOCATION (City, town, or county): Upper Marlboro — (State) Md

DATE REC'D BY LOCAL REG. Nov. 6, 1952 — REGISTRAR'S SIGNATURE: John F. Tanner. — 24. FUNERAL DIRECTOR — ADDRESS

Nov 13 1952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cadmon — LENGTH OF STAY (In this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cadmon Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) William (Last) Smith
4. DATE OF DEATH: (Month) 11 (Day) 17 (Year) 1952
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sing
8. DATE OF BIRTH 5-14-52
9. AGE last birthday yrs. 6 — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Frank W. Smith
14. MOTHER'S MAIDEN NAME Fiorusha Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mother - Same

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Unusual 3rd degree burns of body — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Conflagration in home

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Cadmon (COUNTY) P. Geo (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 11-17-52 4 m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Conflagration in home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Mahoney M.D. Dep Med. Exam. — Cheverly Md — 11-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 11/17/52 — NAME OF CEMETERY OR CREMATORY Washington Funeral Home — LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 1-11-2 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR F Beacheson — ADDRESS Hyattsville Md

1V 5291 19V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Fort Washington Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location) Old Fort Washington Road

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Sidney (Last) Smith

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 19 52

5. SEX male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 12-14-51

9. AGE last birthday yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clinton Smith

14. MOTHER'S MAIDEN NAME Mary Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Clinton Smith, same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

U71X

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James J. Boyd M.D. (Degree or title) ADDRESS Forestville Md DATE SIGNED 11/16/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov-18-52 NAME OF CEMETERY OR CREMATORY St Mary's LOCATION (City, town, or county) Upper Marlboro (State) Md

DATE REC'D BY LOCAL REG. Nov 16-52 REGISTRAR'S SIGNATURE Howard I Beall

24. FUNERAL DIRECTOR Sunnis Bros ADDRESS 2067 Nichols S.E. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

242
Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince George's Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boulevard Height
LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4819- Dent St S E

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland. — COUNTY: Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boulevard Heights
STREET ADDRESS (If rural, give location): 4819- Dent St. S. E.

3. NAME OF DECEASED (Type or Print): (First) Nanie (Middle) Virginia (Last) Smith
4. DATE OF DEATH: (Month) November (Day) 30th. (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 2, 1885
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Payne
14. MOTHER'S MAIDEN NAME: Racnel C. Talbot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Charles W. Smith 4819- Dent St. S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intra Cranial hemorrhage
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 30, to Nov 20, 19 52, that I last saw the deceased alive on Nov 20, 19 52, and that death occurred at 2 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James J. Boyd M.D. Forestville Md 11/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov 22 52
NAME OF CEMETERY OR CREMATORY: St Barnabas
LOCATION (City, town, or county) (State): Upper Marlboro Md

DATE REC'D BY LOCAL REG. Nov 20-52
REGISTRAR'S SIGNATURE: Howard J Beall
Carrie Campbell
24. FUNERAL DIRECTOR: Simmons Bros
ADDRESS: 2007 Nichols Ave S E.

VS. A15

COPY SENT TO LOCAL REGISTRAR No.____DATE____

RECEIVED
NOV 26 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural, give location) Shorecham Beach

3. NAME OF DECEASED: (Type or Print) (First) Anton (Middle) J. (Last) Swiegoski

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	White	married	5-15-1897.	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	D.C. Fireman	D.C.	

13. FATHER'S NAME: Felix Swiegoski

14. MOTHER'S MAIDEN NAME: Cecelia B. Swiegoski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS
Yes	WWI		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	24 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Malignant Hypertension	Unk.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1952, to 11 Nov., 1952, that I last saw the deceased alive on 11 Nov., 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
H. B. Chasser	MD	Upper Marlboro Md	Nov 11, 1952.

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Nov. 13, 1952	Arlington National Cemetery	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 11-19	Amanda Downey	Martin W. Hyppolite	3001 N St NW

52

NOV 14
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 month and 20 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 207 D. St., N. W.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) M. (Last) Southern

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 1-26-08

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months - Days - IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer

10b. KIND OF BUSINESS OR INDUSTRY: Washington Lee Shopping Center

11. BIRTHPLACE (State or foreign country): Winston-Salem, N. Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Southern

14. MOTHER'S MAIDEN NAME: Annie Badenhin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service) -

16. SOCIAL SECURITY No.: 579-09-0392

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 22 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12, 1952, to 11-1, 1952, that I last saw the deceased alive on 11-1, 1952, and that death occurred at 9:27 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Daniel Lee Finucane M.D. Glenn Dale Sanatorium Glenn Dale, Maryland 11/1/52

23. BURIAL, CREMATION REMOVAL (Specify): 11/3/52

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) River dale Md.

DATE RECD BY LOCAL REG. 11/2/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

w w Chambers Co. Riverdale, Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 9405 Balt. Boulevard.

3. NAME OF DECEASED (Type or Print): (First) Glenna (Middle) Madeline (Last) Spitzer

4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept 11, 1908

9. AGE last birthday: 44 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe - Repairing machine operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Alexander Spitzer

14. MOTHER'S MAIDEN NAME: Odessa Neas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Chas. J. Spitzer - 4906 Ingraig St. College Park

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage & shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Shot gun wound of abdomen	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Street (CITY OR TOWN) Berwyn (COUNTY) Pr. Geo. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 1, 1952 A m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Shot by another person

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. M.E. Exam. Cheverly, Md 11-4-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Nov 5, 1952 NAME OF CEMETERY OR CREMATORY: Ft. Lincoln LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REG.: Nov 5, 1952 REGISTRAR'S SIGNATURE: Mrs. Jos. Devere (Deputy Registrar)

24. FUNERAL DIRECTOR: E. Gracie Sons Hyattsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly Maryland
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood Maryland
STREET ADDRESS (If rural give location) 4020 - 41st Street

3. NAME OF DECEASED: (Type or Print) (First) Harriett (Middle) Alma (Last) Stewart

4. DATE OF DEATH: (Month) November (Day) 3 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 18, 1889

9. AGE Last birthday: 63 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Grimes

14. MOTHER'S MAIDEN NAME: Wilhelmina Wheeler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wm. M. Stewart 4320 41st St. Brentwood, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4243

Immediate cause (a) Pulmonary embolus — Interval Between Onset And Death: 5 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Thrombophlebitis — 1 day

DUE TO (c) Chronic cardiac decompensation — 10 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1952, to 11-3., 1952, that I last saw the deceased alive on 11-3., 1952, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE K. R. Lamer (Degree or title) M.D. ADDRESS 4314 Gallatin St. Hyattsville, Md. DATE SIGNED 11-3-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 6, 1952

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 11-5-52

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale, Md.

VS: A4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY P.G. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Upper Marlboro
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Upper Marlboro, Md
STREET ADDRESS (If rural, give location) 1/2 mi So - Wells Corner - Route 4

3. NAME OF DECEASED (Type or Print): (First) LARRY (Middle) ANDREW (Last) STEWART

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4 Feb 52

9. AGE last birthday: yrs. If under 1 year: Months 8 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clifton Stewart

14. MOTHER'S MAIDEN NAME: Rose Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no

16. SOCIAL SECURITY NO.

17. INFORMANT: Rose Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acidosis & Dehydration	Unk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Otitis Media, Fetal	Unk
	(c)	

391.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Nov, 1952, to 6 Nov, 1952, that I last saw the deceased alive on 5 Nov, 1952, and that death occurred at 2 00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert B. Jasser	MD	Upper Marlboro Md	Nov 6 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 7 1952	Mt Carmel	Upper Marlboro	Md

DATE REC'D BY LOCAL REG. Nov 7 1952 — REGISTRAR'S SIGNATURE Estelle F. Lanham

24. FUNERAL DIRECTOR — ADDRESS: Robbins Funeral Home 4339 Hunt Pl. N.E. Washington D.C.

VS. A5

4V22714991

ITEMS 8,9: film G149 12-11-52 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Donaldson's Funeral Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) Bellevue Hotel ✓

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) Clare (Last) Sulzer
4. DATE OF DEATH (Month) Nov. (Day) 27 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Single	4-22-1917	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	U.S. Govt	Wisconsin	U.S.A.

13. FATHER'S NAME Rev. H. Sulzer
14. MOTHER'S MAIDEN NAME Dorothy Elizabeth Stark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr Harry B. Sulzer, Davenport, Iowa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage & shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushed chest and pelvis	
	(c) Fractured skull & humerus	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Street	(CITY OR TOWN) Laurel	(COUNTY) Prince Georges	(STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 11 - 27 - 52 p. m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Struck by automobile -		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney, M.D.	Dep. Med. Exam.	Cheverly, Md.	11-30-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/3/52	Fort Lincoln Cem.	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 3 - 1952	M. Brashears	DeWitt Donaldson	Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 5
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 6806 - Baltimore Boulevard

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) (Last) Dennant

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 7-1881

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Police Officer

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 579-10-1572

17. INFORMANT AND ADDRESS: Daughter - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage & shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rupture of heart & left kidney	
4:10	(c) Fall from ladder	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) College Park — (COUNTY) Pr. Geo. — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 11-22-52 4:00 p.m.
INJURY OCCURRED While at work [ ] Not while at work [X]
HOW DID INJURY OCCUR? Fall from ladder

22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [X] Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ] accident [X] suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. Cheverly, Md. Nov. 22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 23 Nov 1952 — NAME OF CEMETERY OR CREMATORY: The S.H. Hines Co. — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 11-24-52 — REGISTRAR'S SIGNATURE: Amanda Hon

24. FUNERAL DIRECTOR: The S.H. Hines Co. — ADDRESS: Washington, D.C.

11-26-52 James Devey

VS. A15A

NOV 2
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2/178

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): 40 E Sharpnack

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Bassie (Last) Thompson
4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1952
5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 10-27-1906
9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grinder Mill
10b. KIND OF BUSINESS OR INDUSTRY: Mill laborer
11. BIRTHPLACE (State or foreign country): Erica, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert Thompson
14. MOTHER'S MAIDEN NAME: Mary B. Roane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT AND ADDRESS: Arthur Dipson - Erica, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock
8/9.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest
(c) Fracture of pelvis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 301 — (CITY OR TOWN): Forest Road — (COUNTY): P.G. — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 11 27 52 6:30 PM — INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Thomas F. Boyd M.D. — (Degree or title) — ADDRESS: Forestville Md — DATE SIGNED: 11-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 28 Nov 1952 — NAME OF CEMETERY OR CREMATORY: Waldon Funeral Home — LOCATION (City, town, or county): Oldham, Va. — (State)

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: J. Sachs Jones — ADDRESS: Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Hyattsville Maryland
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4505 Burlington Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hyattsville Md
STREET ADDRESS (If rural give location): 4505 Burlington Road.

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) M (Last) Urwiler

4. DATE OF DEATH: (Month) Nov (Day) 21, (Year) 1952 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower

8. DATE OF BIRTH: 4/2/1868

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Washington D C

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James C Lee

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Alfred O Duckett Mt Rainier Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443X DUE TO Ch. Myocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypostasis

(c)

Interval Between Onset And Death: 2 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1952 to 11-21, 1952, that I last saw the deceased alive on 11-20, 1952, and that death occurred at 4.4 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leonard Hay M.D. ADDRESS Hyattsville. Md. DATE SIGNED 11-22-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/24/52 — NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery — LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR Nov 24, 1952 — REGISTRAR'S SIGNATURE James Deras

24. FUNERAL DIRECTOR F Gasch's Sons — ADDRESS Hyattsville Maryland.

NOV 25 1952
RUDOLF V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Laurel — LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN No. Laurel, Md.
STREET ADDRESS (If rural, give location) Powis Rd.

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) R. (Last) Voots
4. DATE OF DEATH (Month) Nov (Day) 10 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Jan. 17, 1900
9. AGE last birthday 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Navy yard.
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Martin L. Voots
14. MOTHER'S MAIDEN NAME Minnie F. Yates
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Geo. V. Lewton, Baltimore 29 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Glomerular Nephritis	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1951, to Nov. 10, 1952, that I last saw the deceased alive on Nov. 10, 1952, and that death occurred at 10:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert H. Crawford M.D. ADDRESS 4209 Dunloe Ave Baltimore 16 Md. DATE SIGNED 11/12/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 11/13/52 — NAME OF CEMETERY OR CREMATORY Woodlawn Memorial Gardens — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Nov 13-1952 — REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR Wm. H. Settle Undertaking Parlor, Laurel, Md. ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Md
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheriff road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Maryland
STREET ADDRESS (If rural give location) Sheriff Road.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Hill (Last) Wallis

4. DATE OF DEATH: (Month) (Day) (Year) Nov 16, 1952 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec 5 1877

9. AGE Last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Druggest

10b. KIND OF BUSINESS OR INDUSTRY: Drug Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Francis A Wallis

14. MOTHER'S MAIDEN NAME: Georgia Willison

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John C Wallis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: 20 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 20 yrs
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Nov., 1952, to 16 Nov, 1952, that I last saw the deceased alive on 13 Nov, 1952 and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE John Kelso M.D. (Degree or title) ADDRESS 3404 Cheverly Ave Cheverly DATE SIGNED 11/17/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov 19, 1952 NAME OF CEMETERY OR CREMATORY Mt. Calvery Cemetery LOCATION (City, town, or county) Richmond Virginia. (State)

DATE REC'D BY LOCAL REGISTRAR 11-18-1952 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Eschesons ADDRESS Hyattsville, Md.

NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 530

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS (A15)

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt; LENGTH OF STAY (in this place) 9 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt; STREET ADDRESS (If rural, give location) 66 Hillside Road.

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Helen (Last) Weber

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-17-1915

9. AGE last birthday: 37 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Camden, New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Urban

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 151-01-7809

17. INFORMANT AND ADDRESS: Leo Weber - #66 Hillside Rd. Greenbelt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic Carcinoma

(c) Carcinoma Stomach

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jaundice - 2° Pyloric Obstruction

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1951, to Nov. 29, 1952, that I last saw the deceased alive on 11/29, 1952, and that death occurred at 10:00 A. m., from the causes and on the date stated above.

SIGNATURE: William Lasner (Degree or title) MD ADDRESS 30 B. Ridge Rd, Greenbelt, Md DATE SIGNED 11/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec. 3, 1952 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: December 1st 1952 | REGISTRAR'S SIGNATURE: John D. Smith

24. FUNERAL DIRECTOR: W. W. Chambers, ADDRESS 5801 Cleveland Ave Riverdale, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) Died
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park.
STREET ADDRESS (If rural, give location) 4204 - Tuckerman St

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Walther (Last) Weise

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-6-1884

9. AGE Last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Hotel Manager

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Robert W. Weise

14. MOTHER'S MAIDEN NAME: Emma Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 472-01-3644

17. INFORMANT AND ADDRESS: Lillian Weise Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular Renal Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. Cheverly, Md. Nov. 25 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: Nov 29, 1952 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG. 11/28/52 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F Gasch's Sons — ADDRESS: Hyattsville Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-42

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
LENGTH OF STAY (In this place) Some
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1210-51st Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2916 Shannon Place

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Elmer (Last) Wines

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 19

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out all except one): Widowed

8. DATE OF BIRTH: Nov 4

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Agent

10b. KIND OF BUSINESS OR INDUSTRY: American Express Co

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John W Wines

14. MOTHER'S MAIDEN NAME: Elizabeth Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: LeRoy M Wines, 9 Puckett Drive, Hampton, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive heart failure — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular, renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☑ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James H [illegible] (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 11/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Nov 18/52 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. 11-14-52 — REGISTRAR'S SIGNATURE Amanda L [illegible]

24. FUNERAL DIRECTOR James T. Ryan Jr. ADDRESS 3130 Ga. Ave., S.E. Wash. D.C.

Carrie F. Campbell.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12892

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince Geo Cy. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4300 Spring St Suitland Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY PrinceGeo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 4300 Spring St.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Bernard (Last) Winston

4. DATE OF DEATH: (Month) 11- (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 11-7-52

9. AGE last birthday: yrs. If under 1 year: Months Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Sidney Winston

14. MOTHER'S MAIDEN NAME: Elizabeth StepAnik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Sidney Winston 4300 Spring St Suitland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia

763.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/8/52, to 11/15/52, that I last saw the deceased alive on 11/15/52, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Q.Q. Levine, M.D. 5600 N. Capitol St., Wash., D.C. 11/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 11-15-52 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: Nov. 15 1952 | REGISTRAR'S SIGNATURE: Carrie F. Campbell

24. FUNERAL DIRECTOR: WW Chambers Co ADDRESS: 517-11th St SE Wash DC

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NOV 18 1952
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12893 245

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastpines--Riverdale; LENGTH OF STAY (In this place) 8 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5700--64th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr.Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Eastpines) Riverdale; STREET ADDRESS (If rural, give location) 5700--64th Avenue

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) FRANCIS (Last) WOOD

4. DATE OF DEATH: (Month) (Day) (Year) November 5th, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/22/1861

9. AGE last birthday: 91 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer Self-employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Wood

14. MOTHER'S MAIDEN NAME: Mary Ann Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Julie Mae Wood, 5700--64th Ave., Eastpines, Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: Hours

4424 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephrosclerosis — 20 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27-, 1952, to 11-4-, 1952, that I last saw the deceased alive on 11-4-, 1952 and that death occurred at 2:45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert Potts M.D. Riverdale, Md 11-5-52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF 11/8/1952 | NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | LOCATION (City, town, or county) Laurel (State) Md.

DATE REC'D BY LOCAL REG. Nov 6 1952 | REGISTRAR'S SIGNATURE James Devers

24. FUNERAL DIRECTOR ADDRESS: W.W.Chambers Company, Riverdale, Md.

VS. A15

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